

STATEMENT OF ECONOMIC INTERESTS FOR

Date Received
Official Use Only

AUDITORS,* CLAIMS MANAGERS/ADJUSTERS

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
			()
MAILING ADDRESS STREET (May use business address)	CITY	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1. Full Name of Agency:	[3	3. Disclosure Statement	
		NOTE: The conflict-of-interest code for your agency requires you to disclose an investment, source of income, interest in real property, or business position in a business entity if you were assigned or participated in a case involving that economic interest. Complete Part 1 or 1a, or if disclosure is required complete Part 2.	
Position:		Part 1. No Disclosure Required ☐ I was not assigned and did not par assignment in which I had an econ Government Code section 87103.	omic interest as defined by
		Part 1a. No Disclosure Required (B I was not assigned and did not par nor was I assigned any case or oth economic interest as defined by Go (No further disclosure is required.)	ticipate in any property tax audits ner assignment in which I had an
2. Type of Statement		-or-	
(Check at least one box) Annual Statement (Year): You are required to file a statement by April 1 of the current year, disclosing reportable interests held or received from January 1 through December 31, of the previous year. If you began work after January 1, report	_): April able y 1 year. ort	Part 2. Disclosure Required ☐ I had an economic interest, as defined by Government Code sections 87206 and 87207, with respect to a person, business entity or parcel of real property that was the subject of a case assignment in which I participated during the period covered by the statement, and I have therefore attached the appropriate schedule(s) to report that interest. Obtain the Form 700 schedules with filing instructions from the FPPC website (www.fppc.ca.gov). Schedule A-1 Investments (Less than 10% Ownership)	
interests held or received from the dat you started work/ thro		Schedule A-2 Investments (10% or Great	ater Ownership)
December 31.	,agii	Schedule B Real Property	
☐ Leaving Office Statement:		Schedule C Income, Loans, & Busine (Income Other than Gifts and Travel Payments)	ess Positions
You are leaving (or you left) your position	n on	Schedule D Income – Gifts	
/ You must file a stater		Schedule E Income – Travel Paymer	nts
within 30 days after that date disclosing reportable interests held or received from last January 1 through the date you left office.		Total number of pages completed including this cover page:	
4. Verification			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Date Signed(month, day, year)		Signature(File this state	ement with your agency.)

This form is only for use by employees of the Employment Development Department, Franchise Tax Board, Board of Equalization, and State Compensation Insurance Fund.

*Refer to your agency's conflict-of-interest code regarding your eligibility to use this form and file the original with your agency.

For detailed information on reporting requirements and the Information Practices Act of 1977, see the Form 700 Instructions and Reference Pamphlet.